



Greene County
**LOW VOLTAGE PERMIT
APPLICATION**

BUILDING, PLANNING & ZONING
706-453-3333
fax 706-453-2579
1034 Silver Dr
Suite 103
M-F 8am-5pm

OFFICE USE ONLY

Permit Number: _____ Permit Fee: _____ Date Approved: _____

OWNER INFORMATION

Owner/Builder: _____ Phone: _____
Job Address: _____ Cell: _____
Subdivision: _____
City/State: _____ ZIP: _____

CONTRACTOR INFORMATION

Contractor's Name: _____ Phone: _____
Contractor's Address: _____ Cell: _____
City/State: _____ ZIP: _____
Email: _____
Business License No. _____
State of GA **Low Voltage** Certification No. _____

(Please provide a copy of driver's license, business license and certification card.)

Describe Low Voltage System Installed, such as: _____ alarm _____ phone
_____ TV _____ irrigation _____ lighting _____ telecommunication
_____ Other-Explain _____

Electrical Fees

Each electricified structure requires a permit

Minimum Fee per permit--\$50.00 (Inspection, repair, etc.)

Low Voltage--\$50.00 per system x _____ number of systems =\$ _____

Re-inspection Fee--\$100.00

Contractor/Homeowner Signature: _____ Date: _____

(Homeowner must sign affidavit)